

99. EPA/STATE HAZARDOUS WASTE I.D.#
W A D980726384

(a) ☐ RCRA/STATE
(b) ☒ STATE ONLY
(c) ☒ SMALL QUANTITY
(d) ☒ NON REGULATED
(e) ☒ ONE TIME ONLY
(f) ☒ EMERGENCY
(g) ☐ OTHER

INIT: _____
DATE: 9-28-84
EPA: 93584
ACK: _____
COPY: _____
REGION: _____

DEPARTMENT USE ONLY

FORM 2

NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504
(206) 459-6300/6305/6306

DATE IN TO DEPARTMENT
RECEIVED
SEP 25 1984
WASTE MANAGEMENT BRANCH
DEPARTMENT USE ONLY

1. ☒ A. FIRST NOTIFICATION
☐ B. REVISED NOTIFICATION
(enter current I.D.# in upper left)
revisions effective: MO. / DAY / YR.
- ☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)
☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)

2.A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

3. NAME OF COMPANY

S E A T T L E C I T Y L I G H T S S C

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

1 0 1 5 T H I R D A V E

CITY OR TOWN

STATE

ZIP CODE

S E A T T L E W A 9 8 1 0 4

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

6. COUNTY WHERE THIS
INSTALLATION IS LOCATED

3 6 1 3 F O U R T H A V E S K I N G 033

CITY OR TOWN

STATE

ZIP CODE

S E A T T L E W A 9 8 1 3 4

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATOR

C. ☐ WASTE MANAGEMENT
FACILITY (TSD)
(refer to definitions
in instructions)

D. ☐ TRANSPORTER (complete this section only if YOU
are transporting waste for hire or your own waste to
an off-site facility)

B. ☐ UNDERGROUND
INJECTION

(1) ☐ TREATMENT

(2) ☐ STORAGE

(3) ☐ DISPOSAL

(4) ☐ WE ACCEPT
OFF-SITE WASTES

(1) Mode(s) of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL

(d) ☐ WATER (e) ☐ OTHER

8. CONTACT PERSON

NAME (last).

(first)

C U P L I N A L T O N

TITLE

PHONE NO. (area code & number)

A S S O C E N G S P E C 2 0 6 - 6 2 5 - 3 0 7 7

9. OWNERSHIP

(Legal Owner(s) of this Installation)

S E A T T L E C I T Y L I G H T

10. TYPE OF OWNERSHIP

(enter letter code in box)

M

9-28 ✓ 10-11

11. WASTE IDENTIFICATION

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEIGHT CODE
1	Chromic acid solution	D 0 0 2	2 0 0	
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes listed above to be produced in any given month (consecutive 30 days) or per processing batch.

A. <input checked="" type="checkbox"/> Batch Frequency <u>3 mo.</u>	QUANTITY <u>5</u> WEIGHT <u>0</u> CODE <u>P</u>	B. <input type="checkbox"/> PER MONTH	QUANTITY <u> </u> WEIGHT <u> </u> CODE <u> </u>
---	---	---------------------------------------	--

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
 C. ☐ BIOLOGICAL TEST PROCED. D. ☒ GENERATOR ANNUAL REPORT FORM
 E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
 G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
 H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
 I. ☐ OTHER (specify) _____

15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: <i>M. J. Macdonald</i>	OFFICIAL TITLE (Print) Deputy Superintendent E.U.S.	DATE SIGNED: <i>7/25/84</i>
PRINTED NAME: M. J. Macdonald		